

Disability and Diversity



LIVE ▸ LEARN ▸ WORK

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■ Objectives

- To better understand disability as an aspect of diversity.
- To recognize the social construction of disability.
- To increase awareness and understanding of the types of disabilities and think about ways to reduce barriers for participation by people with disabilities.

■ Introduction

- Introduce yourselves to others at your table
- Why specifically are you here?

■ How are disabilities connected to diversity?

- Disabilities are another form of diversity.
- Ernst & Young - one of the founders, Arthur Young, was deaf and had low vision which made it difficult for him to practice law in the courtroom, so he turned to accounting.
- “Diverse perspectives, combined with an inclusive culture, drive better decision-making, stimulate innovation, increase organizational agility and strengthen resilience to disruption.”

■ Movement from medical to social model

- **Medical model** viewed disability as a “problem” that belonged to the disabled individual.
- **Social model** views disability as caused by the way society is organized, not a person’s impairment or difference, and looks at removing barriers that restrict life choices for people with disabilities.

■ Social construction of disability

Name some elements of your physical and social environment that make your daily activities easy to perform.

How might you be disabled if you didn't have access to those?

■ Social construction of disability – cont.

Socially constructed in ways ranging from social conditions that create illnesses, injuries, and poor physical functioning to subtle cultural factors that determine standards of normality and exclude those who do not meet them from fully participating in their societies.

■ Social factors

- Lack of basic resources (water, food, shelter).
- Lack of or inappropriate medical care.
- Increase in pace of life leads to accidents, stress, alcohol/drug abuse, increased performance expectations, lack of rest and recreation.
- Physical structure and social organization of society
 - physical barriers in architecture, inadequate public transportation, communication systems, inflexible work arrangements.

■ Cultural factors

- Lack of representation and experiences of people with disabilities.
- Pervasive stereotypes of people with disabilities.
- Stigmatization of physical and mental limitations.
- Assumption that disability is a personal, family problem rather than a matter of social responsibility.

■ Limiting factors for people with disabilities

- Not acknowledging people with disabilities: i.e. ignoring, not speaking to, avoiding eye contact, and behaving as if people with disabilities do not exist.
- Not treating people with disabilities as you would treat others: i.e. being afraid to give feedback or advice to a person with a disability by being overly concerned about how the person will react to criticism.

■ Additional limiting factors

- Employing people with disabilities in low-paying occupations or guiding people with disabilities to solely work in jobs geared towards disability services and/or other related specialized fields; instilling in people with disabilities that the only work available to them is menial tasks.
- Assuming all people with disabilities require the same services thereby establishing a uniform system of accommodations.

■ Public Service Announcements

<https://www.whatcanyoudocampaign.org/>

Discuss questions at your tables.

- How do you think it benefits employers to have people with different attributes/identities working for them?
- Why is it important to keep people with disabilities employed?
- What wouldn't people know about your skills and abilities just by looking at you?

■ Who are people with disabilities?

- www.askearn.org
- People with individual abilities, interests and needs.
- For the most part they are ordinary people living ordinary lives.
- They are moms, dads, sons, daughters, sisters, brothers, friends, neighbors, coworkers, students and teachers.
- 26% of adults in the US have some form of disability; 61 million adults in the US live with a disability.

■ Narratives about disabilities in the media

- Pity/tragedy
- Heroism/overcoming/inspiration
- Moochers/fakers/lazy
- Bitter/angry

Are there examples of more positive images of people with disabilities?

Kurt Hoffman TED talk <https://tinyurl.com/y7huprrz>

■ Americans with Disabilities Act

- The Act provides protection from discrimination for individuals on the basis of disability.
- According to the ADA an “individual with a disability” is defined as any individual who has a physical or mental impairment that substantially limits one or more major life activities; OR has a record of such impairment; OR is regarded as having such an impairment.

■ Types of impairments

- **Cognitive** - Alzheimer's, autism spectrum, dementia, stroke, traumatic brain injury, developmental disabilities
- **Mobility**
- **Psychiatric**
- **Sensory** - blindness/vision, deaf/hard of hearing, speech, respiratory/chemical sensitivities

■ Disability etiquette

- Use “people first” language; ask for preferences.
- Don’t ask questions about disability unless it is brought up by the individual.
- Speak directly to the person.
- Feel free to offer assistance, but wait until your offer is accepted before helping.
- Don’t be afraid to ask questions if you are unsure of what to do.
- When introduced, it is appropriate to offer to shake hands.

■ Etiquette for cognitive impairments

- Do not assume below-average intelligence - may be above average but have difficulty receiving, expressing or processing information.
- Discuss openly the best way to communicate.
- Be patient. Allow the individual time to think and answer questions independently.
- Understand that some information processing problems may affect social skills.
- Occasional inattentiveness, distraction or loss of eye contact is not unusual.

■ Etiquette for mobility impairments

- Be considerate of extra time it may take to move around or complete a task. Keep pathways clear.
- A person's wheelchair is part of her/his personal space. It does not confine the person but enables them to get where they need to go.
- Talk directly to the person; being at eye level is a sign of respect.
- Make sure the space you are using is accessible.
- Ask the person if he/she needs any assistance.

■ Doug McCullough

1988 VT Dairy Science graduate, “A billion people in the shadows” <http://youtu.be/1kecb7oembg>

Three Misconceptions

1. People with disabilities have less-full lives.
2. Accessibility is the same as inclusion.
3. People do not want to be helped.

■ Etiquette for psychiatric impairments

- Recognize these often have a greater stigma than physical or medical (non-visible) disabilities.
- Provide support and assistance, as appropriate.
- Likely an individual will not disclose - be aware of language “They’re crazy,” and stereotypes/assumptions.
- Be patient.
- Respect personal space.
- EY Video <https://tinyurl.com/y4jhhoam>

■ Etiquette for blind/visual impairments

- Provide descriptive directions that don't rely on visual references.
- Verbally greet and identify yourself before extending your hand; say goodbye when learning.
- Offer your arm when guiding the person; as you walk, tell them where you are going, make note of slopes, obstacles, etc.
- Do not pet or distract a guide dog.
- Provide work related materials in an accessible format.

■ Etiquette for deaf/hard of hearing impairments

- Be aware that they communicate in various ways.
- Don't be afraid to say you don't understand them, It's better to find another way to communicate than pretend to understand.
- Do not put hands in front of your face or food in your mouth when communicating with someone who is reading lips; don't walk away while talking.
- Maintain eye contact with the person who is deaf/hard of hearing.
- Get the attention of the person before you start speaking.

■ Etiquette for speech impairments

- Be patient and listen; do not complete words or sentences for the individual; do not be afraid to say you don't understand; repeat what you heard to verify.
- Relax and communicate as you normally would.
- Be attentive in your mannerisms by maintaining conversational eye contact and focusing on the content of communication.

■ Etiquette for respiratory impairments

- Be aware that products commonly used can trigger a reaction for someone with a respiratory or chemical sensitivity. Use less toxic products when possible.
- Encourage employees to use fragrance-free products.
- Make a commitment to maintaining good ventilation and indoor air quality.
- Don't make assumptions - a person with asthma may not appear to be limited but may need accessible parking because they are not able to walk long distances or be in the cold/humidity.

■ Disabilities in Virginia

Disability costs in healthcare expenditures
\$8 billion/year in Virginia

<https://tinyurl.com/y6fhg78c>

■ What to do

- Don't be afraid to acknowledge differences.
- Don't turn accommodations into something remarkable or special; set policies that silently accommodate employees with disabilities.
- Be thoughtful about how your team's bonding practices may exclude employees with disabilities.
- Be cognizant of creating an exclusionary culture and cultivate events that everyone can participate in.

■ What to do – cont.

- Remember that disability status is confidential.
- Note that accommodations can benefit everyone - many employees might work better under natural light.
- Not all disabilities that require accommodations are obvious.
- Work with all employees to accommodate their needs - large screens, adjustable desk height, discussing changes to desk and cubicle layout.

■ Business case

Of people with disabilities who are unemployed, 8.3% have a bachelor's degree or higher, compared to 4.5% of those with no disability who are unemployed.

Four particular concerns about people with disabilities are relatively unfounded:

- have more accidents
- require more supervision
- have more absences
- hurt business if they deal directly with customers

■ Reframing reasonable accommodation

The term “accommodation” conjures up the image of charity or a special favor for a person with a disability, but employers provide accommodations for many employees.

- Ergonomic chairs for those with back problems.
- Learning and development to accommodate need for skills and capabilities.
- Laptops and smartphones to accommodate peripatetic employees.
- Corporate jets to accommodate schedules of senior executives.

■ Information from Report

Accessibility, Inclusion and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities

■ Ernst & Young Networks

EY AccessAbilities™—focused on helping enable EY people of all abilities to do their best work. It works to give all EY people the environment, tools, resources, information and opportunities needed to succeed and grow in their careers. AccessAbilities helps develop our inclusive culture by raising awareness of abilities-related issues and educating our people how to work in more abilities inclusive ways.

■ Ernst & Young Networks

Abilities Champion Network – Our Abilities Champion Network is a team of local and functional-group representatives who work to see that abilities-awareness messages and educational material are woven into local communications, meetings and events. They also work to see that office, business group and other programs, policies and processes are accessible and inclusive.

■ Ernst & Young Networks

Network for Parents of Children with Special Health Care Needs – EY specifically supports our parents of children with special health care needs. This network allows parents – both EY personnel and family members – to connect with others in similar circumstances. Members meet monthly by conference call or through a dedicated website that offers networking, a chat function and links to other useful sites.

■ Ernst & Young Networks

Caregivers Circle – This network supports Ernst & Young LLP people who are among the 21% of US adults who provide unpaid care for other adults such as parents, adult children or spouses who have serious health issues and/or differing abilities.